



City of Seattle  
Department of Design,  
Construction and Land Use

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.cityofseattle.net/dclu Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION

Electrical  
NO Plan Review

Work Site Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Activity Location: \_\_\_\_\_ Apt/ Suite: \_\_\_\_\_

Occupancy: ☐ Single Family/Duplex ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: \_\_\_\_\_

WORK SITE OWNER/ TENANT INFORMATION	CONTRACTOR INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Owner will perform work authorized under this permit Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip: _____ How would you like to Receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax	State License # _____ Contractor Company Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip: _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax

CONNECTIONS:	QTY.
Light Outlets	
Switches	
Receptacles	
Fixtures (Commercial)	
Residential Fans	
Track Lighting (total feet)	
Multi-Outlet Assembly (total feet)	
Smoke Detectors – Hard Wire	

DEVICES & BRANCH CIRCUITS:	QTY.
Dimmers (Commercial) > 2000 Watts	
Furnace (non-electric)	
Dedicated Appliance Circuits 15-25 Amps	
Dedicated Appliance Circuits 30-50 Amps	
Floodlights (Commercial Parking Lot, Pole Type)	
Sign Circuits	

SERVICE: Amperage	QTY.

TEMPORARY POWER for Single Family/Duplex	QTY.

FIRE ALARM SYSTEMS:
Control Units _____ Devices _____

Fire Alarm Plan Review is required for all new f/a systems & for addition, replacement or relocation of 7 or more devices to existing f/a systems

LOW VOLTAGE & COMMUNICATION SYSTEMS:			
Communication System	Control Units: _____	Devices: _____	
Low Voltage System	Control Units: _____	Devices: _____	

SPECIAL EVENT POWER:
Inspection during normal business hours: <input type="checkbox"/>
Inspection outside normal business hours: <input type="checkbox"/>

MOTORS:	
Horsepower	QTY.
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ELECTRIC HEAT:	
Kilowatts	QTY.

FEEDERS:		
Amperage	Voltage	QTY.

TRANSFORMERS:	
KVA	QTY.

☐ "GET STARTED" / CONDITIONAL WORK PERMIT: Associated Plan Review Permit #: \_\_\_\_\_

**Warning!** The Revised Code of Washington (R.C.W.19.28) and the City of Seattle Electrical Code requires all individuals or entities (other than the property owner) engaged in the business of the installation of electrical wiring to have a valid Washington State Electrical Contractors license.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Contractor or Owner (or authorized agent)

**PAYMENT INSTRUCTIONS:** Mail checks to:  
☐ Cash ☐ Check DCLU, P.O. Box 34234, Seattle, WA 98124-1234  
☐ Charge my escrow (ADA) account # \_\_\_\_\_  
☐ Call me at ( ) \_\_\_\_\_ so I can charge to a credit card.

**DCLU USE ONLY:**  
 Permit #: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_